

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018714

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 334

Primary Registration District No. 3072

Registrar's No. 49

STATE FILE NUMBER

FILED MAY 13 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
1 0975		
2 0975		
3		
4 1		
5 0		
6		
7 0		
8 0		
9 332XH		
10		
11		
12 1-0		
13 3-0		

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Marshall	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS (If outside, give location) 616 North Jefferson	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ELIZABETH NEVILLE		4. DATE OF DEATH Month May Day 9 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-21-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 73
11. BIRTHPLACE (City and state or country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Robert Neville		13b. MOTHER'S MAIDEN NAME Molly Ervin	
14. NAME OF HUSBAND OR WIFE Miss Delta Neville, Marshall, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. INFORMANT Miss Delta Neville, Marshall, Mo.		17. ADDRESS Miss Delta Neville, Marshall, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Colon, recurrent			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from March 1961 to May 1963 and last saw her alive on May 9, 1963 Death occurred at 6 am. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert A. Hester (Degree or title)		22b. ADDRESS Marshall, Missouri	
22c. DATE SIGNED 5-9-63		23. LOCATION (City, town, or county) (State) Marshall, Missouri	
23a. BURIAL, CREMATION; REMOVAL (Specify) Burial	23b. DATE 5-10-1963	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
24. FUNERAL DIRECTOR Campbell-Lewis ADDRESS Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 5-10-63	
26. REGISTRAR'S SIGNATURE Cecil G. Reed			

JAN 20 1961

MAY 29 1963

DEC 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

RW Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.